

Caring for patients who are incarcerated: important lessons for the medical trainee

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“How would your perception of a patient change if you discovered that he or she had been convicted of a serious crime?” Medical students are typically posed with this scenario at some point during their training, usually when introduced to bioethics. This scenario is not merely hypothetical, however, for trainees at the University of Texas Medical Branch (UTMB) in Galveston, Texas. Here, all medical students and resident physicians spend a significant portion of their time rotating through the Texas Department of Criminal Justice (TDCJ) Hospital. Located on the main campus of UTMB, the TDCJ Hospital is the acute care facility for the Texas adult prison system. While many prison facilities of the TDCJ have their own unit infirmary, incarcerated individuals from across the state are transported to Galveston for complex inpatient, subspecialty, or surgical care. These patients are cared for by UTMB faculty, residents, and medical students. As a fourth-year medical student, I have a great appreciation for this opportunity. It has been a privilege caring for patients who are incarcerated, and I am grateful for the many lessons this experience has taught me about bias, health inequity, and justice, a core pillar of biomedical ethics.

Along with my class, I received an orientation to the TDCJ Hospital at the end of my second year at UTMB. Learning about strict security protocols, multiple layers of gates, and the prospect of interviewing incarcerated patients with officers posted behind me filled me with apprehension. I knew I was going to help deliver a baby in medical school, but I wasn't prepared for this! Would these patients be confrontational? Would I feel unsafe? Would they often display malingering behavior?

We all have conscious and unconscious biases, and I certainly had mine regarding the type of patient I would

encounter in the TDCJ Hospital. Yet, overwhelmingly, these patients were open, gracious, and appreciative of the care they received. I enjoyed speaking with these patients and serving their medical needs, and I was largely treated with kindness. One of the most pernicious biases that works against incarcerated patients is the mistaken belief that they often display malingering behavior or exaggerate their symptoms. However, there is no greater dereliction of duty for medical professionals than to discount the suffering of patients who confide in them. This important lesson can also be applied to other patient populations whose symptoms are also often undermined, such as women¹ or those with sickle cell disease.² The first instinct of a physician ought to be to trust the patient. Additionally, students occasionally find it tempting to look up the patient's crime, but they soon realize that this is to be strictly avoided. In addition to being clinically irrelevant, this knowledge introduces a new bias that would impact the patient relationship. My time at the TDCJ Hospital reinforced that we as health care professionals need to actively work to temper our preconceived notions and biases about patients in order to develop the strongest possible therapeutic alliance.

In the TDCJ Hospital, patients have disproportionately high rates of infection with HIV, hepatitis C, tuberculosis, and, recently, SARS-CoV-2. Moreover, physicians and trainees are responsible for treating severe and late-stage manifestations of diseases not commonly seen in the United States. These facts lay bare the health disparities that exist in vulnerable patient populations. This unfortunate reality needs to be a focus of the next generation of physician-advocates, something often highlighted by UTMB attendings with medical students during teaching rounds. Yes, there are challenges at the TDCJ Hospital not uncommon in other resource-limited health care settings, such as longer wait times for specialist

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referrals or lab work and transportation delays. These can sometimes delay patients' diagnosis and treatment. But the disparities in severity of disease, and thus outcomes, in the TDCJ aren't attributable only to these delays, but rather to characteristics of those who are incarcerated. People of color and low-income individuals are disproportionately represented in the American prison population, due to racial disparities in the criminal justice system³ and inequities in economic opportunity.⁴ Even before their incarceration, they often have reduced access to health care and experience disparities in other determinants of health. Trainees working at the TDCJ Hospital are keenly reminded of the tragic human consequences of the culmination of a lifetime of inequity. For me, this was more than a reminder; it was a call to action. Physicians have a moral obligation to advocate for vulnerable patient populations such as those who are incarcerated, whose needs are usually not at the forefront of public discourse.

At the TDCJ Hospital, I have never seen a health care professional or officer disparage or disrespect an inmate. The medical teams I have served on have always tried to go the same lengths to provide high-quality care for TDCJ patients as they do for privately insured patients. Being integrated in such a practice setting as a medical student, where incarcerated patients receive compassionate, high-quality care, has reinforced for me the important bioethical obligation to pursue justice in medicine and serves as an important reminder of our Hippocratic Oath. All patients deserve nonjudgmental and compassionate health care, regardless of the circumstances they find themselves in. This lesson also applies broadly beyond the walls of the criminal justice system. Physicians routinely care for patients with sexually transmitted infections, patients who are smokers with lung cancer, and patients with substance use disorder. Ours is not a profession that stratifies patients based on perceived deservedness or culpability, but a profession of unconditional empathy, across health status, socioeconomic status, immigration status, and incarceration status.

If you talk to the students and residents near the end of their training at UTMB, you'll often hear that their experiences in the TDCJ Hospital were among the most enriching and formative. Many have been inspired to reorient their career trajectories with a greater focus on advocacy and public health. Caring for patients at the TDCJ Hospital has played an instrumental role in my growth as a future equity-driven internal medicine physician. My experiences underscore the value of integrating medical students in settings that care for underserved patients—correctional health care systems, federally qualified health centers, Veterans Affairs hospitals, Indian Health Service—and the important lessons students ultimately derive from them.

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